



FLORENCE FAMILY AQUATIC CENTER 2017 PARENT/CHILD SWIM LESSON REGISTRATION FORM

Class Info: This class is designed for children between the ages of **6-36 months** and their parent/guardian interested in their child learning to swim with adult involvement. The class is to help young children adapt to the water with an emphasis on fun in the water. Adults and toddlers will participate in guided practice sessions that help prepare toddlers for basic swim lessons including bubble blowing, floating, kicking and underwater exploration. Toddlers **must** wear swim diapers if not toilet trained. Please register for the session by the **Wednesday** prior to the start of the new session. Classes are held in the evening at **7:10 pm one week only** Mondays through Thursdays for 30 minutes allowing Fridays as the make-up days.

Lesson Dates: (Check here) Evening Class: **7:10-7:40 pm**

Session #1 June 5 - 8	_____	Session #5 July 10 - 14	_____
Session #2 June 12 - 15	_____	Session #6 July 17 - 20	_____
Session #3 June 19 - 22	_____	Session #7 July 24 - 27	_____
Session #4 June 26 - 29	_____	Session #8 July 31 - Aug. 3	_____

FEE: Member \$20 Non-Member \$30

Child's Name _____ Male____ Female____ Age____ Birthdate_____

Child's Name _____ Male____ Female____ Age____ Birthdate_____

Parent/Guardian Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Emergency Contact _____ Phone _____



We participate in the City of Florence's Family Aquatic Center Parent/Child Swim Lesson program at our own risk and recognize there are risks involved including physical injuries and will pay all medical expenses incurred and agree to indemnify and hold harmless the City of Florence, its elected officials, employees, the instructors, fellow participants and others affiliated with the program from any and all liabilities, claims, demands, actions or causes of actions resulting from physical injuries out of my/our participation. I have read and understand the nature of this waiver.

Signature _____ Date _____

OFFICE USE: Payment: Cash Amt. _____ Check# _____ Amt. _____ Date _____

Credit Card: MC _____ VISA _____ AE _____ DISC _____ Card # _____

Exp. Date _____ CVV Code _____ Card Signature _____